



### APPLICATION FOR CHILD CARE SERVICES

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Legal Guardian #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Business Hours: \_\_\_\_\_

Parent/Legal Guardian #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Work Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business: \_\_\_\_\_ Business Hours: \_\_\_\_\_

Days/Hours when care is needed: \_\_\_\_\_

Transportation arrangement to and from program:  
\_\_\_\_\_

Composition of family: \_\_\_\_\_

Any previous child care experience: \_\_\_\_\_

Our program does not exclude children with special needs if we can provide a safe environment. The following information is requested to help us plan care for your child.

Special needs of parents (e.g., inability to climb stairs, difficulty lifting child, etc.): \_\_\_\_\_

Disability or special needs of child (medication, treatments, allergies, food intolerance, conditions, behaviors, etc.) ☐ no ☐ yes

Usual eating/sleeping/play schedule:

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Foods child likes: \_\_\_\_\_ Dislikes: \_\_\_\_\_

Elimination Patterns (Toileting/Diapering): \_\_\_\_\_

Things that comfort child: \_\_\_\_\_ Scare Child: \_\_\_\_\_

Cultural habits/home issues that may affect the child's behavior:

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Who is authorized to pick up this child from child care? \_\_\_\_\_

Who will care for child when he/she is sick? \_\_\_\_\_

*(Complete the Child Care Emergency Contact Information Form)*

Additional information about your child \_\_\_\_\_

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